S. No. 2
M—5-42
5-17-39
I X32873

3726

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 27 1943

State File No.

Registration District No. 346 Primary Registration District No. 6167 Registrar's No.

04
0
0

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County One Stone
(b) City or town Rural - Union
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright 114
(c) City or town Mansfield
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME JOHN McDANIEL SHORT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Wife of Susan Stidham

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October (Month) 4 (Day) 1865 (Year)

8. AGE: Years 77 Months 2 Days 22 If less than one day hr. min.

9. Birthplace Pound, Virginia (City, town, or county) 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. E. L. Wimmer
(b) Address Clever - Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mansfield Cem.

18. (a) Signature of funeral director T. W. Maples
(b) Address Clever - Mo.

19. (a) 12-23-42 (Date received local registrar) (b) George Moulton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22 year 1942 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2-28, 1942, to 3-25, 1942 that I last saw him alive on 3-25, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	2 yrs.
Due to Cardio-renal disease	3-4 yr.
Chr nephritis	3-4 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

13/2

Major findings:
Of operations None done
Of autopsy none done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M.D. or other)
Address Springfield Mo Date signed 12-22-42

1174

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 143-94
Date Filed JAN 25 1943

JAN 27 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever - Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.